

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J37589 (5)**
1. Corporation Name
CFA MANAGEMENT, INC.



Principal Place of Business
**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
BOCA RATON FL 33487
US**

Mailing Address
**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Period **01/19/1995**

4. FEI Number **59-2737831** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. State, Apt #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. State, Apt #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 637.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CONWAY, STEPHEN P	
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CONWAY, JERRY B.	
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	33487
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	33487
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	7000001714347
44. CITY-STATE-ZIP	-02/14/95--01017--007
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	***200.00
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen P. Conway, President

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CR2E034 (12/95)